IN THE ABSTRACT

A quarterly newsletter from the Kentucky Cancer Registry

Large Hospital Edition July 2004

2004 Advanced Cancer Registrars Fall Workshop

Mark your calendars for the fast-approaching KCR Annual Advanced Cancer Registrar's Workshop, being held in Lexington this year. September 9-10 are the dates, and Hilton Suites Lexington Green is the place. A workshop brochure and registration information are included with the current newsletter mailing. Make your hotel reservations soon!❖

Coding Clarification for Tumor Size and Unknown Primary Site

The May 2004 newsletter included a Collaborative Stage question regarding how to code tumor size of an unknown primary site. A review of the SEER Inquiry System in late June shows an updated answer to this coding question. Per SINQ 20041040, "Code **999**... for CS tumor size when the primary site is unknown. There is a discrepancy in Part I of the CS Manual on page 27, rule 5g, which says that primary site C80.9 should be coded as 888 not applicable. The CS Steering Committee has decided that the last line about unknown and ill-defined sites should be deleted from rule 5g. This issue will be addressed in a CS errata to be distributed in July 2004."❖

Subsequent Treatment Update

Subsequent treatment ALERT! Please do not forward "subsequent treatment information" to KCR if your registry initially abstracted and entered the case into CPDMS. Treatment data must be entered by the facility or facilities that abstract(s) the original case. Hopefully, this clarification will decrease the number of copies and mailings sent into KCR by our conscientious contributors!❖

How to Code TNM....

Beginning with 2004 cases, the KCR recommends that abstractors code the physician TNM stage data fields in the following manner when the physician has not TNM-staged the case:

cTxNxMx		pTxNxMx
Stage Group 99	or	Stage Group 99
Staged by 5		Staged by 5

Once the physician has TNM-staged the case, change the staging to reflect the physician's stage and "staged by" to reflect physician staging.

For cases where AJCC staging is not applicable, code the clinical and pathological TNM fields as "8's." You can identify these cases by the derived TNM fields, which will be coded with 8's (per Reita Pardee, QA Manager).❖

PEOPLE NEWS

New Hires:	**Mary Jane Byrne**	**KCR Non-Hospital Facility Abstractor**
	Jan Michno, CTR	**KCR Senior Regional Coordinator**
Resignations:	**Mary Hogan**	**Baptist Hospital East, Louisville**
	Linda L. Brown	**KCR Non-Hospital Facility Abstractor**
	Jan Michno, CTR	**KCR Casefinding Manager**
	Candace Robinette	**KCR Administrative Assistant**

ACoS Cancer Program Approvals

Highlands Regional Medical Center has received full 3-year approval of its cancer program, according to registrar Stella McCown, CTR. Please accept our belated congratulations.❖

Golden Bug Award!!

And the winner is . . . **Cathy Reising** at St. Elizabeth Medical Center! Cathy discovered a problem with the calculated TNM derived from the Collaborative Stage involving several sites. Congratulations and thank you for alerting the IT staff to this problem. The final (corrected) algorithm is forthcoming.

And the other winner is . . . **Judith Shelby-Roberts** of Vanderbilt University! Judith found a bug involving the inability to put labels on user defined fields for the benign CNS site group. Thank you for identifying this golden bug.❖

Calendar of Events

July 26-August 6, 2004 - SEER Casefinding Audit for Year 2001

July 31, 2004 - Deadline for CTR Exam Application

September 8, 2004 - Operator's Training
KCR - Lexington KY

September 9-10, 2004 - KCR Fall Workshop
Hilton Suites ~ Lexington Green
Lexington KY

September 11-25, 2004 - CTR Exam, Lasergrade Testing Sites

SEER CODING QUESTIONS

Please take a few moments to review these recently finalized coding questions from the SEER Inquiry System (SINQ). This is presented as an additional form of continuing education.

Question 1: Ambiguous terminology/Reportability: Are the terms "bordering on" and "may represent" considered diagnostic of cancer? Here is one example from a path report... "florid micropapillary hyperplasia, focally atypical with features bordering on low grade micropapillary ductal carcinoma in situ." This term seems to be coming up more often, so should this diagnosis be abstracted?

Answer: *The terms "bordering on" and "may represent" are not diagnostic of cancer. These terms are not on the list of ambiguous terms that constitute a diagnosis of cancer. The diagnosis in the example above is not reportable. (SINQ #2004-1029; SEER Program Manual, 3rd ed, pg 5)*

Question 2: Histology–Hematopoietic, NOS: When the histology is described in both WHO and FAB terms, which terminology has priority? Example: Bone marrow biopsy was reported as: "Markedly hypercellular marrow aspirate with myelodysplastic alterations morphologically consistent with refractory anemia (FAB) or refractory cytopenia with multilineage dysplasia (WHO)."

Answer: *Give preference to the WHO terminology. The WHO classification of tumors is the current standard and is recommended by the College of American Pathologists. (SINQ #2004-1033; CAP Protocol, Bone Marrow, pg 13)*

Question 3: Ambiguous Terminology: Is the term "early" considered to be a term diagnostic of cancer? Skin of right forearm: Severely dysplastic nevus with features of early melanoma in situ.

Answer: *"Early" and "features of early" are not diagnostic of cancer. These terms are not on the list of ambiguous terms that constitute a diagnosis of cancer. The diagnosis in the example above is not reportable. (SINQ #2004-1034; SEER Program Manual, 3rd ed, pg 5)*

Question 4: Multiple Primaries/Histology–Thyroid: How many primaries should be coded and what are the histology and grade codes for an anaplastic carcinoma and papillary carcinoma occurring as two separate lesions in the thyroid? Example: Thyroidectomy revealed anaplastic carcinoma of the thyroid with mets to lymph nodes. The path report stated that the thyroid specimen also contained a small papillary carcinoma. Differentiation for the papillary carcinoma was not stated.

Answer: *Accession and code as two thyroid primaries:*
Anaplastic carcinoma (8021/34)
Papillary carcinoma (8260/39)
(SINQ #2004-1037; SEER Program Manual, 3rd ed, pgs 12-13)

Question 5: Recurrence–Kidney, renal pelvis: Could a case described as "recurrent transitional cell carcinoma" ever be considered a subsequent primary? Patient was diagnosed with invasive bladder cancer in 1999 and underwent cystectomy. In 2001, the patient underwent nephrectomy for transitional cell carcinoma in the left renal pelvis. There was a met deposit in the soft tissue of the left renal hilum. The discharge diagnosis was recurrent transitional cell carcinoma, left kidney. Is this case a recurrence of the previous bladder cancer? Or should we assume that the clinician used the term "recurrent" loosely to mean another primary in the urinary tract?

Answer: *This is an example of "recurrent" used loosely to mean another primary in the urinary tract. It is highly unlikely that a bladder tumor would metastasize to the kidney. Much more likely is the field defect or regional breakdown of the urothelial tissue that lines the tract from the renal pelvis to the urethra. Furthermore, bladder tumors don't spread retrograde to the kidney. (SINQ #2004-1039; SEER Program Manual, 3rd ed, pg 11)*

Cancer Workshops Around the World

Focusing on our individual tumor boards, cancer committees, and KCR training sessions, cancer registrars are rarely alerted to seminars at the "global level." A search of the UICC (International Union Against Cancer) 2004 calendar revealed a broad range of cancer topics and meeting sites, a few of which follow:

The International Skin Cancer Congress - Zurich, Switzerland - July 22-24
Peruvian Medical Oncology Congress - Lima, Peru - August 19-22
Asia-Pacific Conference of Tumor Biology & Medicine - Xi'an, China - Aug 21-25
UICC Workhop on Prevention & Detection of Cancer in Asia - Mumbai, India - Aug 28-29
Childhood Leukemia - Incidence, Causal Mechanisms & Prevention - London, UK - Sept 6-10
Moscow Breast Cancer Forum - Moscow, Russia - Sept 16-17
International Society of Paediatric Oncology - Oslo, Norway - Sept 16-19
Perspectives in Melanoma - Berlin, Germany - Sept 23-25

This level of awareness helps us keep in perspective the importance of our daily work and the impact it may potentially have on cancer patients, not only at home, but also around the world.❖